

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/661242

FILING DATE

APPLICANT(S)

5/3/06 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3			/			
4						
5						
6			/			
7						
8						
9			/			
10						
11						
12			/			
13						
14						
15						
16						
17						
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21						
22						
23						
24						
25						
26						
27						
28						
29			/			
30				/		
31				/		
32				/		
33			/			
34				9		
35				9		
36				9		
37			/			
38			/			
39				/		
40				/		
41			/			
42			/			
43				/		
44				/		
45			/			
46			/			
47				/		
48				/		
49			/			
50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53	/	/				
54	/					
55	/					
56		/				
57	/	/				
58	/	/				
59	/					
60	/					
61	/					
62						
63						
64						
65						
66						
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85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	21					
TOTAL DEP.	40					
TOTAL CLAIMS						